



CHARTER TOWNSHIP OF COMSTOCK

ZONING COMPLIANCE PERMIT APPLICATION

WIRELESS COMMUNICATION FACILITIES

Shipping: 5858 King Hwy, Kalamazoo MI 49048

Mailing: PO Box 449, Comstock, MI 49041-0449

Website: www.comstockmi.gov

Phone: (269) 381-2360

Fax: (269) 381-4328

A Zoning Compliance Permit (ZCP) for a Wireless Communications Facilities (WCF) is required as outlined under Sections 4.19 and 27.02 of the Charter Township of Comstock Zoning Ordinance and must be filed with the Township's Zoning Administrator. A ZCP shall become null and void within one (1) year following its issuance unless the provisions of the permit have been utilized or unless re-application is made and approved by the Zoning Administrator.

PROJECT LOCATION

Street Number _____ Street Name _____ Parcel ID No. **3907-** - -

Description of request

APPLICANT INFORMATION

Last Name _____ First Name _____ Telephone Number _____

Mailing Address _____ Cell Number _____

City, State, Zip _____ E-mail Address _____ Facsimile Number _____

TOWER OWNER INFORMATION (if different than applicant)

Last Name _____ First Name _____ Telephone Number _____

Mailing Address _____ Cell Number _____

City, State, Zip _____ E-mail Address _____ Facsimile Number _____

PROPERTY OWNER INFORMATION – WIRELESS COMMUNICATION FACILITY **INSIDE ROW**

See Section 4.19.B.6 of the Zoning Ordinance for definition of Right of Way (ROW)

- Permit from ROW owner (or regulatory agency over ROW) has been obtained as is attached to this application.
- Township Board approval to operate in the ROW of a public street was obtained on _____ .

ROW Owner _____ Contact Person _____ Telephone Number _____

Mailing Address _____ Cell Number _____

City, State, Zip _____ E-mail Address _____ Facsimile Number _____

PROPERTY OWNER INFORMATION – WIRELESS COMMUNICATION FACILITY **OUTSIDE ROW**

Last Name _____ First Name _____ Telephone Number _____

Mailing Address _____ Cell Number _____

City, State, Zip _____ E-mail Address _____ Facsimile Number _____

ADDITIONAL INFORMATION – ALL WIRELESS COMMUNICATION FACILITIES

Tower: Existing Height: _____ Proposed Height after this project: _____

Existing Width: _____ Proposed Width after this project: _____

Equipment Compound: Existing Area: _____ s.f. Proposed Area after this project: _____ s.f.

Date attached Structural Report was prepared: _____

Date attached Site Survey was prepared: _____

Floodplain: Is property within 500' of the flood plain? Yes No

If yes, Zoning Administrator to attach FEMA GIS map. Separate permits may be required of applicant.

AUTHORITY TO FILE APPLICATION

I hereby agree to conform to all applicable laws and regulations of Comstock Township, Kalamazoo County and State of Michigan (as may be applicable to my request), and certify that the above information and work described on this application and accompanying structural report and site survey are complete, true and accurate to the best of my knowledge.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF PROPERTY OWNER. If other than property owner, attach authorization form.

Applicant Signature: _____

Date _____

Property Owner Signature: _____

Date _____

DEPARTMENT USE ONLY	Date Complete Application Received: _____	Staff: _____	ZCP # _____
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- Zoning Administrators Action on Application:**
 - Approved**
 - Approved with Conditions**
 - Denied**

Conditions:

Comments or Reason for Denial:

Zoning Official: _____ (Signature) Date: _____

Fee*: Type A: \$50 Type B: \$600 Type C: \$600 Type D: \$75 Type E: \$600

See Section 4.19 of the Zoning Ordinance for full details on Type determination. Briefly:

- Type A: co-location on existing tower outside ROW
- Type B*: co-location outside ROW but increases height or equipment compound
- Type C*: new tower outside ROW
- Type D: co-location on a structure inside ROW, equipment is underground
- Type E*: co-location on a structure inside ROW, equipment is not underground

* Application fee is included in special exception use review fee for those WCFs requiring prior approval from the Planning Commission and require a separate application: Type B, Type C, and Type E.

Cash/Receipt # (if any): _____

Check No: _____

Initials: _____

Copies to: Township File, Township Assessor, KABA (if applicable)